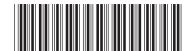
Complete form using BLACK INK

| For the year Jan. | 1-Dec. 31, 200 |
|-------------------|----------------|
| or other tax year |                |
| beginning         | , 2007         |
| ending            | 20             |

| our social security number | Spouse's social security number |
|----------------------------|---------------------------------|
|                            | 1 1                             |
|                            | · · · · · ·                     |

| PLE                     |  | OMNIETE  | nning                                     | , 200             | )7             |              |                |   |             |   |
|-------------------------|--|--|---|-------------------|----------------|--------------|----------------|---|-------------|---|
| STAPL                   |  |  | ng  | , 20_             | ·              |              |                |   |             |   |
| NOT                     | Y  | our social security number                                     | Spouse's soc                              | cial security nur | mber           |              |                |   |             |   |
| 00                      |  | 1 1  | 1   | <br>              |                |              |                |   |             |   |
|                         | Your   | legal last name  |   | Legal first na    | me             |              | M.I.           | State election of   | campaign f  | fund  |
|                         | If a io  | If a joint return, spouse's legal last name Spo                |   |                   | al first n     | ame          | M.I.           | If you want \$1 to go to the State Election Campaign<br>Fund, check here. |             |   |
|                         | ,.   | , - <b>-</b>   |   |                   | You Your spous |              |                |   |             |   |
|                         | Home   | Home address (number and street)                               |   |                   |                |              |                | Designating an amount will not change your tax or refund.                 |             |   |
|                         | City o   | or post office   |   |                   | State          | Zip code     |                | Tax district  |             |   |
|                         | <b></b>  | ! t-t Ob /   | h alass                                   |                   |                |              |                |   |             | ther the name of city,<br>ity in which you lived at |
|                         |  | ing status Check ✓<br>_ Single                                 | below                                     |                   |                |              |                | the end of 2007.  |             |   |
| u                       |  | _ Married filing joint r                                       | eturn                                     |                   |                |              |                | City, village, or town  |             | , Village, Town                                     |
| eturi                   |  | Married filing separate return. Fill in spouse's SSN above and |   |                   |                |              |                |   |             |   |
| ng r                    |  | full name here   |   | Legal             | Legal M.I.     |              |                |   |             |   |
| assembling return       |  | Head of household Also, check here if                          | (see page 8).<br>married                  | first nam         | ie             |              |                | Special conditions  |             |   |
|                         | Pri  | int numbers like this  | →0123                                     | 4567              | 89             | Not like thi | s <b>→</b> Ø 1 | 147   | <u>NO</u> ( | COMMAS; NO CENTS                                    |
| 30 before               | 1  |  |   |                   |                |              |                |   | .00         |   |
| ) be                    | Form W-2 wages included in line 1  |  |   |                   |                |              | .00            |   |             |   |
| Je 3(                   | 2 State and municipal interest (see page 9)  |  |   |                   |                |              |                | . 2   | .00         |   |
| See page                | 3 Capital gain/loss addition (see page 9)  |  |   |                   |                |              |                |   |             |   |
| See                     | 4  | Other additions Fill   | in code number                            | r and amount      | , see pa       | ge 9.        |                |   | . 🗷         |   |
|                         | •  |  | The total other ac                        |                   |                |              |                |   | 4           | .00   |
|                         | _  | Add the amounts in   | the right col                             | umn for lin       | 00 1 #         | J            |                |   |             | .00.  |
|                         |  |  | -   |                   |                | -            |                |   | .00         | .00   |
|                         |  | State tax refund (For  |   |                   |                |              |                |   | .00         |   |
|                         | _  | United States govern   |   |                   |                |              |                |   | .00         |   |
|                         | 8  | Unemployment comp  |   |                   |                |              |                |   |             |   |
| 11                      | 9  | Social security adjus  |   |                   |                |              |                |   | .00         |   |
| B                       | 10   | Capital gain/loss sub  | pital gain/loss subtraction (see page 12) |                   |                |              | 10             |   | .00         |   |
| here                    | Fill in code number and amount, see page 12.  11 Other subtractions Fill in total other subtractions on line 11. |  |   |                   |                |              |                |   |             |   |
| ent                     |  |  |   |                   |                |              | _              |   |             |   |
| ym                      |  |  |   |                   |                |              | 11             |   | .00         |   |
| Рра                     | 12   | Add lines 6 through  | 11  |                   |                |              |                |   | . 12        | .00   |
| CLI                     | 13   | Subtract line 12 from  | n line 5. This                            | s is your W       | iscons'        | sin income   |                |   | . 13        | .00   |
| PAPER CLIP payment here |  |  |   |                   |                |              |                |   |             |   |
| PAF                     | I-010i   | .   <b>   </b>   |   |                   |                |              |                |   |             |   |



Form 1 (2007) Page **2 of 4** 

|    |  | NO COMMAS; NO CENTS |
|----|--|---------------------|
| 14 | Wisconsin income from line 13 14   | .00                 |
| 15 | Standard deduction. See table on page 41, <b>OR</b> —  |                     |
|    | If someone else can claim you (or your spouse) as a dependent, see page 19 and check here                        |                     |
| 16 | Subtract line 15 from line 14. If line 15 is larger than line 14, fill in 0                                      |                     |
| 17 | Exemptions (Caution: see page 19)  a Fill in exemptions from your federal return  x \$700 17a                    |                     |
|    | a Till ill exemptions from your redefail retain  |                     |
|    | <b>b</b> Check if 65 or older You + Spouse = x \$250 . <b>17b .</b> 00 <b>c</b> Add lines 17a and 17b            |                     |
| 1Ω | Subtract line 17c from line 16. If line 17c is larger than line 16, fill in 0.                                   | .00                 |
| 10 | This is your taxable income  | .00.                |
| 19 | Tax (see table on page 34)   | .00                 |
| 20 | Itemized deduction credit. Enclose Schedule 1, page 4  |                     |
| 21 | 00   |                     |
|    | School property tax credit   |                     |
|    | <b>a</b> Rent paid in 2007–heat included   |                     |
|    | Rent paid in 2007–heat not included  |                     |
|    | b Property taxes paid on home in 2007 .00 Find credit from table page 22 22b .00                                 |                     |
| 23 | Historic rehabilitation credits  |                     |
| 24 | Working families tax credit } If line 14 is less than \$10,000 (\$19,000 if married filing joint), see page 2224 |                     |
|    | Add credits on lines 20 through 24   | .00.                |
| 26 | Subtract line 25 from line 19. If line 25 is larger than line 19, fill in 0                                      | .00.                |
| 27 | Alternative minimum tax. Enclose Schedule MT   | .00.                |
|    | Add lines 26 and 27  |                     |
| 29 | Married couple credit. Enclose Schedule 2, page 4  |                     |
| 30 | Other <b>a</b> Sch. MS <b>.</b> .00 <b>e</b> Sch. VC (Part I)00  |                     |
|    | credits b Sch. DI .00 f Sch. VC (Part II) .00  |                     |
|    | <b>c</b> Sch. DC <b>g</b> Sch. IE  |                     |
|    | d Sch. TC .00 h Sch. OS .00  |                     |
|    | Total (add lines a through h)  |                     |
| 31 | Add lines 29 and 30i   |                     |
| 32 |  |                     |
| 33 |  |                     |
| 34 |  |                     |
| 35 |  |                     |
|    | a Endangered resources   |                     |
|    | <b>b</b> Packers football stadium <b>6 f</b> Firefighters memorial <b>6 .</b> 00                                 |                     |
|    | c Breast cancer research g g Prostate cancer research  |                     |
|    | d Veterans trust fund <b>②vers .</b> 00 Total (add lines a through g) ▶ <b>35l</b>                               | .00                 |
| 36 | Penalties on IRAs, retirement plans, MSAs, etc. (see page 25) x .33 = 36   | .00                 |
| 37 | Credit repayments and other penalties (see page 25)  | .00                 |
| 38 | Add lines 32 through 34, and 35h through 37  | 00                  |

Form 1 (2007) Page **3 of 4** 

| Nam        | ne(s) shown on Form 1  |  | Your social security number               |
|------------|--|--|---|
|            |  |  | 1 1                                       |
|            |  |  | NO COMMAS; NO CENTS                       |
| 39         | Amount from line 38  |  | .00                                       |
| 40         | Wisconsin tax withheld. Enclose withholding statements 40_   | .00  | )   |
| 41         | 2007 estimated tax payments and amount applied from 2006 return  | .00  | )   |
| 42         | Earned income credit. Number of qualifying children  |  | -   |
|            | credit% =  |  | <u>)</u>                                  |
| 43         | Farmland preservation credit. Enclose Schedule FC 43   | .00  | )   |
| 44         | Repayment credit (see page 26) 44_   | .00  | <u>)</u>                                  |
| 45         | Homestead credit. Enclose Schedule H or H-EZ 45  | .00  | <u>)</u>                                  |
| 46         | Farmland tax relief credit. Property taxes   |  |   |
|            | on farmland <b>.</b> 00 x .23 = <b>46</b> _  | .00  | <u>)</u>                                  |
| 47         | Eligible veterans and surviving spouses property tax credit 47_  | .00  | <u>)</u>                                  |
| 48         | Enterprise zone jobs credit. Enclose Schedule EC 48_   | .00  | )   |
| 49         | Dairy manufacturing facility investment credit. Enclose Schedule DM 49_  | .00  | <u>)</u>                                  |
| 50         | Add lines 40 through 49  |  | 50  |
| 51         | If line 50 is larger than line 39, subtract line 39 from line 50. This is the <b>AMOUNT YOU OVERPAID</b>   |  | 51  |
| 52         | Amount of line 51 you want <b>REFUNDED TO YOU</b>  |  | .00                                       |
| 53         | Amount of line 51 you want  APPLIED TO YOUR 2008 ESTIMATED TAX   | .00  | )   |
| 54         | If line 50 is smaller than line 39, subtract line 50 from line 39. Th  AMOUNT YOU OWE. Paper clip payment to front of return   | is is the  | 54  |
| 55         | Underpayment interest. Also include on line 54 (see page 29) 55_   | .00  | <u>)</u>                                  |
| Thi        | rd Do you want to allow another person to discuss this return with the department  | ent (see page 30)? Yes   | Complete the following. No                |
| Par<br>Des | ty Designee's Phone no. ▶ (  | Persona<br>identific<br>) number   | ation 📘                                   |
| ر<br>Sig   | Paper clip copies of your federal income tax ret Assemble your return (pages 1-4) and withholding s  On here  Under penalties of law, I declare that this return and all attachments are true signature  Spouse's signature (if filing jointly, BOTH m | turn and schedules<br>statements in the or<br>e, correct, and complete to th | to this return.<br>der listed on page 30. |
| I-010a     | i  |  |   |
| If to      | your return to: Wisconsin Department of Revenue ax due   | For Department Us  | e Only AN C                               |





Submit this page with Form 1 if you claim either credit.

Form 1 (2007) Page **4 of 4** 

NO COMMAS; NO CENTS Schedule 1 – Itemized Deduction Credit (see page 19) 1 Medical and dental expenses from line 4, federal Schedule A. See instructions for .00 2 Interest paid from line 15, federal Schedule A. Do not include interest paid on a second home located outside Wisconsin or on a residence which is a boat. Also, .00 .00 .00 .00 .00 x .05 .00 Schedule 2 – Married Couple Credit When Both Spouses Are Employed (see page 23) When completing this schedule, be sure to fill in your income in column (A) and your spouse's income in column (B) (A) YOURSELF (B) SPOUSE 1 Taxable wages, salaries, tips, and other employee compensation. Do NOT include deferred compensation, interest, dividends, pensions, unemployment .00 .00 2 Net profit or (loss) from self-employment from federal Schedules C, C-EZ, and F (Form 1040), Schedule K-1 (Form 1065), and any other taxable .00 .00 3 Combine lines 1 and 2. This is earned income ...... 3 4 Add amounts from your federal Form 1040, lines 24, 28, and 32. plus repayment of supplemental unemployment benefits, and contributions to secs. 403(b) and 501(c)(18) pension plans included in line 36, and any Wisconsin disability income exclusion. Fill in the total of these adjustments that apply to your or your spouse's income . . . 4 .00 5 Subtract line 4 from line 3. This is qualified .00 .00 6 Compare the amounts in columns (A) and (B) of line 5. .00 Fill in the smaller amount here. If more than \$16,000, fill in \$16,000 . . . . . 6 x .03 7 Rate of credit is .03 (3%) ...... 7\_\_\_\_\_\_ Do not fill in .00 more than \$480. 8 Multiply line 6 by line 7. Fill in here and on line 29 on page 2 of Form 1 ... 8

|  |                      |                                   |                     | ity mambon       |                    |          |                                       |   |                                  |  |
|--|----------------------|-----------------------------------|---------------------|------------------|--------------------|----------|---------------------------------------|---|----------------------------------|--|
|  | Cla                  | aimant's legal last name          | Legal fir           | st name          | ı                  | M.I.     | Check below then fill in              | either the  | name of city, village.           |  |
|  |                      |                                   |                     |                  |                    |          |                                       | Check below then fill in either the name of city, village, or town, and the county in which you lived at the end of |                                  |  |
|  | Sp                   | ouse's legal last name            | Spouse'             | s legal first na | me                 | M.I.     | 2007 City                             | \   | Village Town                     |  |
|  |                      |                                   |                     |                  |                    |          | City, village, or town                |   |                                  |  |
|  | Но                   | me address (number and street)    |                     |                  |                    |          |                                       |   |                                  |  |
|  |                      |                                   |                     | 1-               | 1                  |          | County of -                           |   |                                  |  |
|  | Cit                  | y or post office                  |                     | State            | Zip code           |          | Special conditions                    |   | ge 7 of the<br>e H instructions) |  |
|  | _                    |                                   |                     |                  |                    |          |                                       |   |                                  |  |
|  |                      | What was your age as of Dec       |                     | -                |                    |          |                                       |   |                                  |  |
|  | b                    | If you are married and your s     |                     |                  |                    |          |                                       |   |                                  |  |
|  | 2                    | Were you a legal resident of      |                     | _                |                    | -        |                                       | 2   | Yes No                           |  |
|  | 3                    | Were you claimed or will you      | be claimed as a de  | pendent on       | someone else's 2   | 1007 fed | eral income tax return?               | 2   | Van Na                           |  |
|  |                      | (If "Yes" and you were under      |                     |                  |                    |          |                                       |   | YeS NO                           |  |
| I  |                      | sehold Income Print               |                     |                  |                    |          |                                       |   | 0.0                              |  |
| pill   | 4                    | Wisconsin income from I           |                     |                  | •                  |          | •                                     | 4   | .00                              |  |
| ax   | 5                    | If <b>not filing</b> a 2007 Wisc  | •                   |                  |                    |          |                                       | E o   | .00                              |  |
| ty t   |                      | Wages                             |                     |                  |                    |          |                                       |   |                                  |  |
| eri  |                      | Other taxable income (lis         |                     |                  |                    |          |                                       | ac  | .00                              |  |
| rop  | 6<br>a               | Unemployment compen               |                     |                  |                    |          |                                       | 6a  | .00                              |  |
| rp   |                      | Social security, federal          |                     |                  |                    |          |                                       |   |                                  |  |
| te   |                      | Railroad retirement ben           |                     |                  |                    |          |                                       |   |                                  |  |
| ica  |                      | Pensions, annuities, an           |                     |                  |                    |          |                                       |   |                                  |  |
| rtif   |                      | Contributions to deferre          |                     | -                |                    |          |                                       |   |                                  |  |
| ce   |                      | Contributions to IRA and          | · ·                 | -                |                    | -        | ·                                     |   |                                  |  |
| ATTACH rent certificate or property tax bill |                      | Interest on United State          | ·                   |                  |                    |          |                                       |   |                                  |  |
| H  | _                    | Child support, maintena           |                     |                  |                    | -        |                                       | _   |                                  |  |
| IAC  |                      | Wisconsin Works (W2) p            |                     |                  |                    |          | •                                     |   |                                  |  |
| AT   |                      | Add lines 4 through 6i.           |                     |                  | •                  |          |                                       |   |                                  |  |
| ·  |                      | Fill in number of qualifyir       |                     |                  |                    |          |                                       |   |                                  |  |
|  |                      | Household income. Subti           |                     |                  | -                  | -        | ·                                     |   |                                  |  |
| ı  |                      |                                   |                     |                  |                    |          | and/or rent (STEP 4)                  |   |                                  |  |
| ١  | 8                    | Homeowners – Net <b>2007</b>      |                     |                  |                    |          | ` ´                                   |   | .00                              |  |
|  | 9                    | Renters-Rent from your            |                     | •                |                    | •        |                                       |   |                                  |  |
|  |                      | Heat included (13b of rent        |                     |                  |                    |          |                                       | = 9 b   | .00                              |  |
|  |                      | Heat not included (13b of         |                     |                  |                    |          |                                       |   | .00.                             |  |
|  | 10                   | Add lines 8, 9b, and 9d (         |                     | ,                |                    |          |                                       |   | .00.                             |  |
| ſ  |                      | dit Computation                   | or orner arribarit  |                  | or raxee, rem      |          | Morr Corrodato, 1.1.1.                |   | 100                              |  |
| ١  | 11                   | Fill in the <b>smaller</b> of the | amount on line 1    | 0 or \$1,45      | 50                 |          |                                       | 11  | .00                              |  |
|  | 12                   | Using the amount on line          |                     |                  |                    |          |                                       |   | .00                              |  |
|  | 13                   | Subtract line 12 from line        | •                   |                  |                    |          |                                       |   | .00                              |  |
|  | 14                   | Homestead credit – Usin           | •                   |                  |                    |          | •                                     |   | .00                              |  |
| -  |                      | penalties of law, I declare this  |                     |                  |                    |          |                                       |   |                                  |  |
| -  | Sign                 | Ol-!                              | o momentum or our c | oranii arra arr  | Spouse's signature |          | · · · · · · · · · · · · · · · · · · · | ytime phone   |                                  |  |
|  | Here                 |                                   |                     |                  |                    |          | (                                     | )   |                                  |  |
|  | -015i                |                                   |                     |                  |                    |          | For Department Use On                 | ly  |                                  |  |
| ı  | <b>Mail t</b><br>Wis | o:<br>sconsin Department of Reve  | nue IIIII           |                  |                    | I        |                                       |   |                                  |  |
|  |                      | Box 34                            |                     |                  |                    |          |                                       | 1   |                                  |  |

Madison WI 53786-0001



# Instructions for Schedule H-EZ

If you qualify for homestead credit (see page 4 of the Schedule H instructions), you may be able to use Schedule H-EZ to file your claim. See "Which Schedule to File" on page 4 to determine if Schedule H-EZ is right for you.

**Filling in Schedule H-EZ** Round off cents (drop amounts under 50¢ and increase amounts from 50¢ to 99¢ to the next dollar). Do not use commas or dollar signs when filling in amounts.

**Amending Schedule H-EZ** See "Amending Schedule H or H-EZ" on page 6 of the Schedule H instructions.

#### STEP 1: CLAIMANT INFORMATION

Print or type all information requested in the spaces provided on Schedule H-EZ. Include your social security number (and your spouse's, if applicable) and your tax district. Do not use a return address label.

### STEP 2: QUESTIONS

Fill in the information requested on lines 1 through 3. For more information on legal residency, see the instructions for line 2 of Schedule H.

### STEP 3: HOUSEHOLD INCOME

**Note:** If your spouse died in 2007, see Part 5 on page 16 of the Schedule H instructions before completing the rest of Schedule H-EZ.

**Line 4 – Income from Tax Return** Fill in the income from your 2007 Wisconsin income tax return. For more information, including instructions for when you have already filed your return, see the instructions for line 7 of Schedule H.

Line 5 – Income - No Tax Return Fill in the amount of your (or the total of both spouses, if married) wages, interest, dividends, and other income taxable to Wisconsin on lines 5a and 5b. Attach a separate schedule if more space is needed. For more information, see the instructions for line 8 of Schedule H.

**Lines 6a through 6i – Nontaxable Income** Fill in all nontaxable household income received in 2007 from any of the sources indicated. If you are married, combine the incomes of both spouses. Do not include amounts reported on line 4, 5a, or 5b. For more information, see the instructions for lines 9a through 9g, 9i, and 9j of Schedule H. **Note:** Include Medicare premium deductions in any amounts entered on lines 6b or 6c.

**Line 7b – Qualifying Dependents** Fill in the number of qualifying dependents. Multiply that amount by \$250. Fill in the result on line 7b. For information on who is considered a qualifying dependent, see the instructions for line 12b of Schedule H.

Line 7c – Total Household Income Is your household income less than your rent or property taxes? If yes, attach a note explaining how you paid your rent or property taxes and your other living expenses (food, utilities, clothing, etc.).

# STEP 4: TAXES AND/OR RENT

Homeowners – Fill in the net 2007 property taxes on your homestead on line 8. For more information, including a definition of "net property taxes," see the instructions for line 13 of Schedule H.

Renters – Complete lines 9a and 9b if heat was included in your rent and/or lines 9c and 9d if heat was **not** included. For more information, see the instructions for line 14 of Schedule H.

**Exception** Do any of the following apply to you? If yes, you may be required to reduce your net property taxes and/or rent or attach additional information to Schedule H-EZ.

- You owned/rented a mobile home and/or the land on which it was located (see item 3 under Exceptions: Homeowners on page 12 of the Schedule H instructions and item 4 under Exceptions: Renters on page 13).
- There are names on the property tax bill other than yours or your spouse's and/or you owned your homestead with others in 2007 (see items 1 and 2 under Exceptions: Homeowners on pages 11 and 12 of the Schedule H instructions).
- The property tax bill does not show any lottery and gaming credit (see item 5 under Exceptions: Homeowners on page 12 of the Schedule H instructions).
- You moved during 2007 (see item 2 under Exception: Homeowners and/or Renters on page 13 of the Schedule H instructions).
- You received a) any Wisconsin Works (W2) payments or b) county relief of \$400 or more for any month of 2007. Complete the Taxes/ Rent Reduction Schedule below.

|   | Taxes/Rent Reduction Sche  | edule |
|---|--|-------|
| 1 | Homeowners – fill in the net 2007 property taxes on your homestead   | 1     |
| 2 | Renters – if heat was included, fill in 20% (.20) or if heat was not included, fill in 25% (.25), of rent from line 13a of the rent certificate(s) | •     |
| 3 | Add line 1 and line 2; fill in the smaller of the total or \$1,450   | 3     |
| 4 | Divide line 3 by 12  | 4     |
| 5 | Number of months in 2007 for which you did <b>not</b> receive a) any Wisconsin Works (W2) payments or b) county relief payments of \$400 or more   | 5     |
| 6 | Multiply line 4 by line 5. Fill in here and on line 10 (do not fill in line 8 or 9) of Schedule H-EZ   | 6     |

#### STEP 5: CREDIT COMPUTATION

Lines 11 through 14 – Refer to Tables A and B on pages 17 and 18 of the Schedule H instructions to determine your homestead credit. If filing a Wisconsin income tax return, fill in the credit amount on line 31 of Form 1A or line 45 of Form 1. Do you want the department to compute your credit? If yes, do not complete these lines. The department will notify you of the amount of your credit.

## STEP 6: SIGNING AND FILING YOUR CLAIM

**Sign and Date Your Claim** You must sign and date your Schedule H-EZ. If married, your spouse must also sign. **Note:** A homestead credit claim may not be signed for or filed on behalf of a deceased person.

**How to Assemble** Before filing Schedule H-EZ, see "How to Assemble" on page 14 of the Schedule H instructions.